

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581813

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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48						
49						
50						
TOTAL IND.			8		8	
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.					5	
TOTAL DEP.						
TOTAL CLAIMS						

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FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	101			5				151					
102								152					
103								153					
104								154					
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143								193					
144								194					
145								195					
146								196					
147								197					
148								198					
149								199					
150								200					
TOTAL IND.		↓	6	↓		↓		TOTAL IND.		↓		↓	
TOTAL DEP.		↖	63	↖		↖		TOTAL DEP.		↖		↖	
TOTAL CLAIMS		[REDACTED]	69	[REDACTED]		[REDACTED]		TOTAL CLAIMS		[REDACTED]		[REDACTED]	